

Altered Mental Status Nursing Care Plan

Patient Information

Name	
Age	
Gender	
Date of Admission	
Medical Record Number	

Medical History & Related Questions

Past medical history (including neurological and psychiatric history)	
Current medications	
Recent changes in health or behavior	
History of substance use	
Family history of neurological or psychiatric conditions	

Nursing Care Plan for Altered Mental Status

Nursing Diagnosis	Goals and Outcomes	Nursing Interventions	Evaluation

Doctor's Signature

Name	Signature	Date
		